

**The Academy of Gp Orthodontics
2010 Spring Refresher
Friday, April 30 — Saturday, May 1, 2010
Plano, TX**

Name: _____

Staff Member(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Cost:

- \$ 399.00* 2010 AGpO Member
- \$ 299.00 Current Hands-On Student
- \$ 149.00 Staff Member

_____ # of staff members

Optional ClearCorrect Course:

Additional Fee: (check one)

- \$595.00 (doctor or auxiliary) or
- \$895.00 (receive 2 certificates for 50% off of full cases— a \$995 value!)

_____ # of staff members

Receive a \$50 Discount off total if you register
by January 29, 2010

Saturday 1:00pm - 6:00pm (5 CDE Hours)

Payment:

- Check enclosed total \$ _____
- Please include my 2010 AGpO Annual Membership of \$ 295.00
- Card No. _____ Exp. Date _____

Sec Code _____ Amount Authorized \$ _____

Card billing address (if different from above): (card will be processed the month before event)

Name as it appears on card: _____

Address: _____

Doctor's Signature: _____

Please mail this form to:
Academy of Gp Orthodontics
909 N. Goliad St.
Rockwall, TX 75087

To register by fax: AGpO (888) 634-2028
Questions??? Call AGpO Headquarters at (800) 634-2027